



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Washington, D.C. 20460

NPDES Compliance Inspection Report

Form Approved
OMB No. 2040-0003
Approval Expires 7-31-85

Section A: National Data System Coding

Transaction Code			NPDES										yr/mo/day			Inspec. Type		Inspector		Fac Type									
1			2	5	3									11	12					17	18		19		20				
Remarks																													
Inspection Work Days										Facility Evaluation Rating										BI		QA		Reserved					
67										69	70					71		72		73			74	75					80

Section B: Facility Data

Name and Location of Facility Inspected (*For industrial users discharging to POTW, also include POTW name and NPDES permit number*)

Entry Time /Date

Permit Effective Date

Exit Time/Date

Permit Expiration Date

Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)

Other Facility Data

Name, Address of Responsible Official/Title/Phone and Fax Number

Contacted
Yes ☐ No ☐

Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

<input type="checkbox"/>	Permit	<input type="checkbox"/>	Flow Measurement	<input type="checkbox"/>	Operations & Maintenance	<input type="checkbox"/>	CSO/SSO
<input type="checkbox"/>	Records/Reports	<input type="checkbox"/>	Self-Monitoring Program	<input type="checkbox"/>	Sludge Handling/Disposal	<input type="checkbox"/>	Pollution Prevention
<input type="checkbox"/>	Facility Site Review	<input type="checkbox"/>	Compliance Schedules	<input type="checkbox"/>	Pretreatment	<input type="checkbox"/>	Multimedia
<input type="checkbox"/>	Effluent/Receiving Waters	<input type="checkbox"/>	Laboratory	<input type="checkbox"/>	Storm Water	<input type="checkbox"/>	Other:

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

Name(s) and Signature(s) of Inspector(s)			Agency/Office/Telephone/Fax			Date		

Signature of Management QA Reviewer			Agency/Office/Phone and Fax Numbers			Date		
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